TrailBlazer
HEALTH ENTERPRISES, LLC

A CMS Contracted Intermediary and Carrier

Dear Provider,

Thank you for your interest in Electronic Data Interchange (EDI).

Section 1 – contains the **required** enrollment documents that **must be completed**, signed and returned to our office prior to initiation of electronic claims submission or inquiry.

Section 2 – contains information regarding various options available to our electronic trading partners. These are not mandatory; they are intended to ensure you are aware of all of the electronic opportunities available to you. If you choose to take advantage of any of these options, simply complete the associated request form and return it along with the enrollment documents. Your request will be processed as quickly as possible. Please allow 2 weeks for processing software requests.

If you have any questions regarding any of the documents in this package, please phone the TrailBlazer EDI Technology Support Center toll-free at 1-866-749-4302.

TrailBlazer Health Enterprises, LLC
New EDI Provider Enrollment Packet
Section 1

The following documents are required for electronic data interchange (including electronic claims submission and inquiry):

- Electronic Data Interchange Provider Information Form (page 3)
- Medicare Electronic Data Interchange Enrollment Agreement (page 4)

All new providers *must* complete and return these enrollment documents in order to enroll in Electronic Data Interchange (EDI). The Medicare Electronic Data Interchange Enrollment Agreement must be signed by the physician, administrator, or equivalent legal representative and the ***original*** returned prior to sending electronic production claims. The enrollment documents ***must*** **be completed and returned** to us by mail for processing. **Faxes are *not* acceptable.** You should keep a copy of the Medicare EDI Enrollment Agreement for your records.

If you have any questions, please contact the Technology Support Center toll-free at 1-866-749-4302.

ELECTRONIC DATA INTERCHANGE (EDI) PROVIDER INFORMATION FORM

Part A – Provider Data

This portion of the form is to be completed by the Physician, Supplier, or Group Practice. It must include the Physician, Supplier, or Group Practice name and the complete street address, city, state, zip code, primary contact's name, phone number, fax number, and provider number(s). If you are requesting approval for multiple physician, supplier, or group identification numbers, a separate EDI Provider Enrollment Packet ***must*** be completed for each individual billing number. If you are enrolling a group practice, only one Enrollment Packet should be completed with the group billing identification number.

Provider is Submitter: Place a check before this choice if you will be submitting—

- Electronically
- Direct to us from your office
- Using the software indicated in Part B of the form

This ***must*** be checked if applicable.

Provider is with Billing Service or Clearinghouse: Place a check before this choice if your claims will be submitted—

- Electronically
- Through a billing service or clearinghouse, as indicated in Part C of the form

This ***must*** be checked if applicable.

Provider is with other Providers: Place a check before this choice if—

- There is more than one physician, supplier, or group in your office
- You will be submitting electronically, directly from your office

Be sure to include the Provider Identification Numbers in the space provided. With this choice, the group of providers will be assigned one special submitter number to be used by all providers. **Note:** Only individual practice or group numbers are needed. Physician's individual numbers that are within a group billing practice are not needed.

Part B – EDI Software Vendor Data

If you received this packet from your software vendor, this section may have already been completed for you. If it is not completed, you must provide the company name of your software vendor.

Part C – EDI Billing Service or Clearinghouse Data

If you received this packet from your billing service or clearinghouse, this section may have already been completed for you. If it is not completed, you must provide the company name of the billing service or clearinghouse that will be submitting your claims.

MEDICARE ELECTRONIC DATA INTERCHANGE (EDI) ENROLLMENT AGREEMENT

The physician, administrator, or equivalent legal representative must sign this agreement if you will be submitting Medicare claims. A copy of this agreement can be found following the EDI Provider Information Form.

SUBMITTING COMPLETED DOCUMENTS

Please make sure you follow these steps:

Step 1: Complete the Electronic Data Interchange (EDI) Provider Information Form (page 3).

Step 2: Complete and sign the Medicare Electronic Data Interchange (EDI) Enrollment Agreement (page 4).

Step 3: Make copies of the completed forms for your records.

Step 4: Return all ***original*** documents to one of the following addresses:

Mailing Address
TrailBlazer Health Enterprises, LLC
Electronic Data Interchange
P.O. Box 4898
Timonium, MD 21094-4898

Delivery Address
TrailBlazer Health Enterprises, LLC
Electronic Data Interchange
Timonium II-6th Floor
1954 Greenspring Drive
Timonium, MD 21093

It is very important that you complete and return the entire enrollment packet as described above. ***Incomplete packets will not be processed and will be returned to the submitter.***

Once the complete provider enrollment packet has been received, the documents will be processed. Processing will take approximately two weeks from the date of receipt. (Remember that mailing time can take as much as five days.)

After processing, a confirmation will be faxed to the submitter as notification to begin filing claims electronically. If neither confirmation nor a returned packet is received after two weeks, contact the Technology Support Center toll-free at 1-866-749-4302.

TrailBlazer HEALTH ENTERPRISES, LLC

EDI Provider Information Form

Date:

Part A – Provider Data (to be completed by Provider)

Name:

Address:

City, State, Zip:

Primary Contact:

Phone Number: Fax Number:

Medicare Provider Number:

Check one of the following:

☐ Provider is Submitter (Provider submits claims directly from their office)

☐ Provider is with Billing Service/Clearinghouse

☐ Provider is with other Providers (list Provider ID #'s: _____)

Part B – EDI Software Vendor Data (to be completed by Vendor)

Company Name:

Primary Contact: Phone: Fax:

Vendor Code:

Check the format in which you will be submitting: ☐ NSF ☐ UB92 ☐ ANSI

Indicate the version number: _____

Part C – EDI Billing Service/Clearinghouse Data

(to be completed by Billing Service/Clearinghouse)

Company Name:

Primary Contact: Phone: Fax:

Submitter ID: Password:

Check the format in which you will be submitting: ☐ NSF ☐ UB92 ☐ ANSI

Indicate the version number: _____

Medicare Electronic Data Interchange Enrollment Agreement

Medicare Billing Provider Number_____

The undersigned provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS's contractors.

A. The Provider Agrees:

1. That it will be responsible for all Medicare claims submitted to CMS by itself, its employees, or its agents.

2. That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its contractors, without the express written permission of the Medicare beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare, or as required by State or Federal law.

3. That it will submit claims only on behalf of those Medicare beneficiaries who have given their written authorization to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file.

4. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
   - Beneficiary's name
   - Beneficiary's health insurance claim number
   - Date(s) of service
   - Diagnosis/nature of illness
   - Procedure/service performed

5. That the Secretary of Health and Human Services or his/her designee and/or the contractor has the right to audit and confirm information submitted by the provider and shall have access to all original source documents and medical records related to the provider's submissions, including the beneficiary's authorization and signature. All incorrect payments that are discovered as a result of such an audit shall be adjusted according to the applicable provisions of the Social Security Act, Federal regulations, and CMS guidelines.

6. That it will ensure that all claims for Medicare primary payment have been developed for other insurance involvement and that Medicare is the primary payer.

7. That it will submit claims that are accurate, complete, and truthful.

8. That it will retain all original source documentation and medical records pertaining to any such particular Medicare claim for a period of at least 6 years, 3 months after the bill is paid.

9. That it will affix the CMS-assigned unique identifier number of the provider on each claim electronically transmitted to the contractor.

10. That the CMS-assigned unique identifier number constitutes the provider's legal electronic signature and constitutes an assurance by the provider that services were performed as billed.

11. That it will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.

12. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the Medicare program, and that anyone who misrepresents or falsifies or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this Agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law.

13. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its contractor, shall not be used by agents, officers, or employees of the billing service except as provided by the contractor (in accordance with ¶1106(a) of the Act).

14. That it will research and correct claim discrepancies.

15. That it will notify the contractor or CMS within 2 business days if any transmitted data are received in an unintelligible or garbled form.

B. The Health Care Financing Administration will:

1. Transmit to the provider an acknowledgement of claim receipt.

2. Affix the intermediary/carrier number, as its electronic signature, on each remittance advice sent to the provider.

3. Ensure that payments to providers are timely in accordance with CMS's policies.

4. Ensure that no contractor may require the provider to purchase any or all electronic services from the contractor or from any subsidiary of the contractor or from any company for which the contractor has an interest. The contractor will make alternative means available to any electronic biller to obtain such services.

5. Ensure that all Medicare electronic billers have equal access to any services that CMS requires Medicare contractors to make available to providers or their billing services, regardless of the electronic billing technique or service they choose. Equal access will be granted to any services the contractor sells directly, indirectly, or by arrangement.

6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form.

Notice:

Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by the CMS under this document.

This document shall become effective when signed by the provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare claims are submitted to CMS or the contractor. Either party may terminate this arrangement by giving the other party (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

C. Signature

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Provider's Name: _____

Authorized Signature:_____

Title: _____

Address:_____

City/State/Zip: _____

By: _____

Title: _____

Date: _____

TrailBlazer Health Enterprises, LLC
Provider Enrollment Packet
Section 2

GPNET ONLINE SERVICES SOFTWARE

Online Services is an online computer inquiry system that provides easy and immediate access to claims processing and beneficiary eligibility information for Medicare providers. The information can be obtained through dial-up capabilities using software that is provided at no cost. The software is designed for IBM or IBM-compatible microcomputers. Inquiry software is available in Windows.

Online Services can save you time and money. Instead of calling one of the Medicare Customer Service Units, Online Services provides immediate access to the following:

- Physician Summary Information – Month to Date and Year to Date
- Individual Claim Display by Claim Control Number
- List of Pending Claims – Electronic Assigned and Non-Assigned Claims
- List of Paid Claims – Electronic Assigned and Non-Assigned Claims
- Electronic Claims – Submitter/Provider File Inquiry
- Physician Bulletin Board for claims processing information
- Beneficiary Eligibility Inquiry – Medicare Participating Providers only

Online Services is easy to use. After logging on, the system takes you step by step through your inquiry:

- Extensive, but simple on-screen instructions eliminate the need for a training or user's manual
- Network access is available through free software for dial-up access
- Benefit and claims information is in an easy to read format

Access to Online Services is made available using a dial-up connection through AT&T Global Network Services. For Medicare inquiries, there is a $3 per month fee plus a connection time charge. For metropolitan areas where network access is a local call, the connection charge is about 9 cents per minute. For areas requiring the use of a toll-free 1-800 number, the charge is about 18 cents per minute. Most major cities have local dial-up access. Access is available Monday through Friday from 8:00 a.m. to 6:30 p.m. EST and some Saturdays. The bulletin board regularly posts exact times of availability.

Equipment needed to use Online Services:

- An IBM-compatible microcomputer
- Windows Operating System (3.1, '95, '98, or NT)
- A hard disk drive or high density floppy drive with at least one megabyte of storage available
- An asynchronous modem
- A single, analog telephone line (the system will not function if connected to multi-line or digital PBX)

For more information or to order Online Services, contact the Technology Support Center toll-free at 1-866-749-4302.

PRO 32 CLAIM SUBMISSION SOFTWARE

Medicare provides free electronic claims submission software—Pro 32. Pro32 is a comprehensive management system for electronic healthcare claims. It can be used in conjunction with your existing claims management system or as a stand-alone product. Features of Pro 32 include:

- User-friendly system with extensive help screens and a manual providing step-by-step instructions
- Provided at no charge
- Distributed on a CD

- Claims are transmitted via telephone line with modem speeds ranging from 9600 bps to 28.8 bps
- Claims are put into batches that can contain any number of claims; an entire batch is transmitted during the same on-line session; multiple batches per day can be transmitted
- Our transmission lines are available 24 hours a day, seven days a week
- Has the ability to print all claims in a batch or selected individual claims
- Supports the retrieval of Electronic Remittance Notices (ERAs) and Electronic EOB
- Combined Medicare Part A and CMS 1500 system
- Electronic submission of claims in NSF or ANSI 837 formats
- Automatic code validation
- Context-sensitive pop-up selection lists speed claim entry and promote accuracy
- Maintains claim payment history
- Integrated backup, restore and file maintenance functions
- Familiar Microsoft Windows "look and feel"
- Ongoing maintenance, updates and enhancements
- Technical support is available through the

To operate successfully, the program requires:

- IBM or IBM-compatible personal computer with a hard disk (not on a network)
- Pentium 133 MHz processor (Pentium II-350 for larger claim volume)
- 32 MB system memory (64 MB recommended)
- SVGA mointor resolution (800x600)
- Windows 95,98,2000 or NT 4.0 operating system
- Adobe Acrobat Reader Version 4.0 – This free software can be downloaded from www.adobe.com
- Asynchronous modem at 9600 bps or higher

Notice: Pro 32 was not developed for network use. Technical support **will not** be provided for users who install Pro32 on a network. You must obtain all assistance from your Network Administrator.

MEDICARE ELECTRONIC REMITTANCE ADVICE (ERA)

For Medicare Part B – Texas, Maryland, Virginia, Delaware, and DC Metropolitan Area; the following ERA formats and versions are available:

- National Standard Format Electronic Remittance version 1.04, 2.00, and 2.01.
- American National Standards Institute (ANSI) X12 835 Electronic Remittance versions 3030.2B, 3051.3B, and 3051.4B.

To obtain additional information, please contact the appropriate Provider Support person for your area:

DC/Delaware	Jonathan Scoggins	(469) 372-7477
Maryland	Cynthia Huddleston	(469) 372-7315
Texas	Vickie York	(469) 372-8937
	Angela Tasby	(469) 372-2118

MEDICARE ELECTRONIC FUNDS TRANSFER (EFT)

For Medicare Part B – Texas, Maryland, Virginia and DC Metropolitan Area/Delaware; contact the appropriate Provider Support person for your area to obtain additional information:

DC/Delaware	Cynthia Huddleston	(469) 372-7315
Maryland	Cynthia Huddleston	(469) 372-7315
Texas	Vickie York	(469) 372-8937
	Angela Tasby	(469) 372-2118

Pro-32 Claim Submission Software Request Form

I have read and understand the system requirements for the free Pro32 software and I have verified that my system meets the minimum equipment requirements to submit my claims electronically using the Pro32 software.

Medicare #(s): _____

Provider/Group Name: _____

Submitter Name (if not provider's office): _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Contact Person: _____

Computer Type (brand): _____

Processor (check one): ☐ Pentium I ☐ Pentium II ☐ Pentium Pro ☐ Pentium III

Processor Speed (check one): ☐ 133 ☐ 200 ☐ 233 ☐ 266 ☐ Other _____

Windows Version (check one): ☐ 95 ☐ 98 ☐ 2000 ☐ NT 4.0 ☐ Other _____

Available Conventional Memory: _____

Available Extended Memory (XMS): _____

Available Disk Space: _____

Modem Type (Brand): _____ Baud Rate: _____

Communication Software: SVGA monitor resolution: _____

On a Network (check one): ☐ Yes ☐ No

Pro32 Software is available on diskettes (1.44 MB only)

Signature: _____ Date: _____

To order Pro32, complete this form and mail or fax to:

TrailBlazer Health Enterprises, LLC
Electronic Data Interchange
PO Box 4898
Timonium, MD 21094-4898
Fax: 410-683-2937

Enrollment Process for Billing Services, Clearinghouses, & EDI System Vendors

Billing Services, Clearinghouses, and EDI System Vendors must enroll before they will be approved. To enroll, complete the following steps:

Step 1: Complete the EDI System Vendor/Submitter Enrollment Form and mail to:
TrailBlazer Health Enterprises, LLC
EDI
PO Box 4898
Timonium, MD 21094-4898

Step 2: You will receive fax notification of your submitter/vendor number and status.

New EDI system vendors are required to test the electronic claim process. New submitters who use a system that has not been approved for production by TrailBlazer Health Enterprises, LLC will also need to test. Refer to Testing Requirements below for more information.

Step 3: New vendors/submitters who have completed a successful test must submit an EDI Production Request Form by fax. EDI analysts will review the test for completeness including the proper submission of Medigap information and will respond to the vendor/submitter with notification of production status or the need for additional testing.

Step 4: Submitters who are approved for production status may begin submitting claims for providers who have a Medicare Electronic Data Interchange (EDI) Enrollment Agreement on file.

Testing Requirements

NEW EDI SYSTEM VENDORS AND SUBMITTERS

New EDI System vendors and submitters, including providers who have programmed their own systems, will be required to complete a testing phase to ensure accurate format and claims data quality before production status can be granted. Once the vendor or submitter is granted approved status, they can enroll new providers without additional testing.

Test files should consist of a variety of at least 25 claims that represent the type of claims the vendor/ submitter will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files; therefore, they must contain valid patient, procedure, diagnosis, and provider information. Because test claims will not be processed for payment, claims previously submitted for payment or claims that have not yet been submitted may be used.

In addition to the fields required for specific specialties, we request that test files include (where applicable):

- Multiple Place of Service (11, 12, 21, 22, 32…)
- Referring UPINs (x-ray, lab, consults, PT)
- Medigap for Participating Providers
- Secondary Insurance (BCBS, Med. Assistance, Commercial)
- MSP claims (paid and allowed amounts, insurance type code)
- Narratives
- Modifiers
- Assistant Surgery (Mod 80, with Facility ID)
- Multiple Surgeries
- Solo Practice
-

- Group Practice (with Performing Provider ID #'s)
- Purchased Test (with Indicator, Amount, Provider ID)
- Twelve Detail lines
- Anesthesia/CRNA (with modifiers, minutes)
- Independent Labs
- Independent Radiology
- Reference Labs
- Ambulance (with GA0 record) – Must include mileage, supplies, round trip, transfers, and special billings (e.g., waiting time) if these services are routinely rendered
- Podiatry
- Chiropractic (with GC0 record)
- Physical Therapy
- EPO (with initial EPO visits)

Testing validates the ability of a file to pass the GPNET edits. Format testing checks for the following:

- Layout of file
- Password to Submitter ID
- Version Numbers
- Record Sequencing
- Balancing
- Batch Type
- Batch Type to Files
- Batch ID
- Duplicate Batches
- Numeric Fields
- Date Fields
- Relationship Edits
- Field Values

The submitter of the test file must monitor the response file after each test submission to determine format and/or data elements to be corrected and re-tested. Test results for telecommunicated submissions will be returned at the time of transmission. Test results for rejected magnetic tape submissions are returned with the tape by mail. You will not receive any other form of notification for initial test results.

Once a successful test file has been accepted with no errors, fax a completed EMC Production Request Form (see page 13) to request production status. An EDI analyst will verify the test submissions for accuracy and fax back to the submitter a confirmation form within three (3) business days. Do not attempt to submit production claims until you receive this form.

EXISTING EDI SYSTEM VENDORS AND SUBMITTERS

Although we do not require approved systems vendors and submitters to test new providers, we encourage all vendors and submitters to test new versions, formats, and/or enhancements to their software programs to ensure their electronic claims software continues to meet format and quality standards. Vendors can use their 6-digit vendor code as the submitter ID to transmit a file for test purposes. You will need to contact the Technology Support Center for a password.

TrailBlazer HEALTH ENTERPRISES, LLC

EDI Systems Vendor/Submitter Enrollment Form

Fax Completed Form To: (410) 683-2937	☐ **Add** ☐ **Update**
Business Name:	
Check One: ☐ Vendor ☐ Billing Service ☐ Submitter ☐ Clearinghouse ☐ Provider(s) - *More than one provider billing independent from same office. List all providers at bottom.*	
Address:	
City, State, Zip:	
Vendor/Submitter #:	**Password:**
Primary Contact's Name:	
Fax Number: ( )	**Phone Number: ( )**
SOFTWARE	
Vendor Name:	
Address:	
City, State, Zip:	
Contact:	
Phone: ( )	
Claim Submission Format – **ANSI X12 837:** ☐ *4010-A1*	
Requested Response Format – GPNET Claim Acceptance Response: ☐ File Format ☐ Report Format ☐ CMS flat file* ☐ ANSI X12 997* ** This response is sent in addition to the GPNET Claim Acceptance Response in report format.*	
Mode: ☐ ASYN ☐ FTP ☐ NDM	
Data Compression – To receive files compressed for faster transmission, please indicate which data compression utility you support: ☐ PKZIP version 2.04g or compatible ☐ UNIX-Compress	

Do you currently have users who wish to submit electronic claims? If yes, please list below. **

Billing Provider #	Provider Name	City

TrailBlazer HEALTH ENTERPRISES, LLC

EDI Production Request Form

I have completed claims testing and received a response file with no rejected claims or warnings.	
Fax completed form to: (410) 683-2937	**Date:**
Please complete the information requested below to update your status from test to production. You will be notified within 3 business days by fax confirmation.	
EDI Submitter\Vendor ID(s):	
Contact Person:	
Office Phone:	**Fax:**
Date(s) of Test Transmission(s):	
File ID(s):	
Please List the Provider Number(s) used for Testing:	
Name of EDI Analyst (if known):	

Technology Support Center (toll-free) – 1-866-749-4302

Telephone Directory

TRAILBLAZER EDI

Technology Support Center 1-866-749-4302
Telecommunications 803-788-9860

Medicare Part B – *Texas*

Provider Automated Response System (ARS) 800-863-9755
Provider Appeals 866-237-4481
Coverage Issues 877-392-9865
Overpayments 903-463-3948
Program Compliance 469-372-7478
Provider Services 866-528-1602
(Provider Numbers, UPIN directory, Address Changes)
ERN/EFT Enrollment 866-528-1605
..... 866-528-1607
Provider Education **469-372-5494**
(Seminar/Workshop "INFOLINE")

Medicare Part B – *Maryland*

Provider ARS 800-862-8162
Provider Appeals 410-683-2505
Coverage Issues 866-539-5591
Overpayments 903-463-3948
Program Compliance 469-372-7478
Provider Services 866-528-1602
(Provider Numbers, UPIN directory, Address Changes)
ERN/EFT Enrollment 866-528-1609
Provider Education **866-828-6264**
(Seminar/Workshop "INFOLINE")

Medicare Part B – *Metropolitan DC Area/Delaware*

Provider ARS 800-862-8780
Provider Appeals 866-237-4467
Coverage Issues 877-391-2610
Overpayments 903-463-3948
Program Compliance 469-372-7478
Provider Services 866-528-1602
(Provider Numbers, UPIN directory, Address Changes)
ERN/EFT 866-528-1606
Provider Education **866-828-6264**